

**TOWN OF SURFSIDE, FLORIDA**  
**2006 GENERAL ELECTION**  
**TIMELINE AND QUALIFYING INFORMATION**

<b>DATE OF ELECTION</b>		Tuesday, March 21, 2006
First Day of Qualifying:	not >55	Wednesday, January 25, 2006
Last Day of Qualifying:	not <35	Tuesday, February 14, 2006
<b>INDUCTION INTO OFFICE</b>		Wednesday, March 22, 2006

**DOCUMENTS/FEEES DUE AT QUALIFYING:**

Nominating Petition - may not be submitted more than Fifty-five days nor less than thirty-five days prior to the election.

Sworn Statement of Qualification - Town of Surfside

Loyalty Oath and Oath of Candidate - DS-DE 24B

2005 Form 1 Statement of Financial Interests CD Form 1 eff. 01/2005

Appointment of Campaign Treasurer and Designation of Campaign Depository form - DS-DE 9

Statement of Candidate pursuant to Section 106.023, F.S. *(must be submitted within 10 days of filing the appointment of Campaign Treasurer and Designation of Campaign Depository form.)*

Declaration for Candidates Automatically Covered by MDC Ordinance 98-94 or

Declaration for Candidates Not Automatically Covered by MDC Ordinance 98-94

Qualifying Fee for \$25.00 pursuant to Article VI! Section 101, Surfside Town Charter - Payable to the **Town of Surfside**

Filing Fee for \$.10 , pursuant to FS, Chapter 106 - Payable to the **Election Commission Trust Fund**

Resign to Run Statement - resign from elective or appointive office not less then 10 days prior to the first day of qualifying. Incumbents are not required to file this form.

**CAMPAIGN FINANCE REPORTING DATES**

<b>REPORT TYPE:</b>	<b>DUE DATE/PERIOD COVERED:</b>
G1 - 46 days prior to election.....	Friday, February 03, 2006 <i>Qualifying - Jan 31, 2006</i>
G2 - 32 days prior to election .....	Friday, February 17, 2006 <i>Jan. 31 - Feb. 14, 2006</i>
G3 - 18 days prior to election.....	Friday, March 03, 2006 <i>Feb. 15 - Feb. 28, 2006</i>
G4 - 4 days prior to election.....	Friday, March 17, 2006 <i>Mar. 1 - Mar 16, 2006</i>
TR - 90 day Termination Reports.....	Monday, June 19, 2006 <i>Mar. 17 - Close</i>

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION  
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

**NOMINATING PETITION FOR MAYOR OR COMMISSIONER**  
**TOWN OF SURFSIDE, FLORIDA**

We the undersigned electors of the Town of Surfside, Florida, hereby nominate \_\_\_\_\_ for  
the office of \_\_\_\_\_ (Mayor or Commissioner & Seat No.) at an election to be held on  
March 21, 2006.

*This petition must be filed with the Town Clerk not more than fifty-five and not less than thirty five days prior to the election.*

Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____
Signature: _____	Date: _____
Print Name: _____	Address: _____

**STATEMENT OF CIRCULATOR**

The undersigned is the circulator of the foregoing paper containing \_\_\_\_\_ signatures. Each signature appended thereto  
was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: \_\_\_\_\_

Address of Circulator: \_\_\_\_\_

**ACCEPTANCE OF NOMINATION**

I hereby accept the nomination of \_\_\_\_\_ (Mayor or Commissioner & Seat No.)

Signature of Candidate: \_\_\_\_\_

## TOWN OF SURFSIDE, FLORIDA

### SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 101, this form must be submitted simultaneously with the nominating petition and qualifying fee of \$25.00

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFISDE }

I solemnly swear (or affirm) under oath, that my name is \_\_\_\_\_, that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of Surfside, that my address is \_\_\_\_\_, my occupation is \_\_\_\_\_, I have been a resident of the Town of Surfside, Florida since \_\_\_\_\_, that I will be at least twenty-one (21) years of age by February 14, 2006 and that I will willingly serve as \_\_\_\_\_ (Mayor or Commissioner Seat No.) of the Town of Surfside, Florida if elected.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2006.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY

**LOYALTY OATH**  
**CANDIDATES WITH NO PARTY AFFILIATION**  
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY

(PLEASE PRINT)

I,

--	--	--

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I,

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,  
(office) (district) (circuit)  
\_\_\_\_\_. I am a qualified elector of \_\_\_\_\_ County, Florida. I am qualified  
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

X

Signature of Candidate

Mailing Address

( )  
Day Phone

( )  
Fax Number

City

State

Zip Code

Date Signed

**LOYALTY OATH**  
**CANDIDATES WITH NO PARTY AFFILIATION**  
(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY

(PLEASE PRINT)

I,

--	--	--

First Name

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a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

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(Section 99.021, Florida Statutes)

I,

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,  
(office) (district) (circuit)  
\_\_\_\_\_. I am a qualified elector of \_\_\_\_\_ County, Florida. I am qualified  
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

X

Signature of Candidate

Mailing Address

( )  
Day Phone

( )  
Fax Number

City

State

Zip Code

Date Signed

## FORM 1

## STATEMENT OF

2004

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☐ DECEMBER 31, 2004 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_**MANNER OF CALCULATING REPORTABLE INTERESTS:**

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]


**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.**OTHER FORMS** you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES


**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR


**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

**NOTE:****MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

# INSTRUCTIONS FOR COMPLETING FORM 1 STATEMENT OF FINANCIAL INTERESTS

## WHO MUST FILE FORM 1:

All persons who fall within the categories of "state officers," "local officers/employees," "specified state employees," as well as candidates for elective local office, are required to file Form 1. Positions within these categories are listed below. Persons required to file full financial disclosure (Form 6) and officers of the judicial branch do not file Form 1 (see Form 6 for a list of persons who must file that form).

**STATE OFFICERS** include the following positions for state officials:

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members and Directors of the FL Black Business Investment Board, Enterprise Florida, and Workforce Florida.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, and the local Boards of Trustees and Presidents of state universities.

**LOCAL OFFICERS/EMPLOYEES** include the following positions for officers and employees of local government:

1) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of the following boards, councils, commissions, authorities, or other bodies of any county, municipality, school district, independent special district, or other political subdivision: ☐ board, ☐ council, ☐ commission, ☐ authority, or other body.

4) Persons holding any of these positions in local government: Mayor; county or city manager; chief administrative employee of a county, municipality, or other political subdivision; county or municipal attorney; chief county or

municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$15,000 for the local governmental unit.

**SPECIFIED STATE EMPLOYEES** include the following positions for state employees:

1) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

2) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.

3) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, Assistant Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.

4) Assistant State Attorneys, Assistant Public Defenders, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.

5) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

6) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$15,000.

7) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

## INSTRUCTIONS FOR COMPLETING FORM 1:

### INTRODUCTORY INFORMATION (At Top of Form):

If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, simply strike through it and write in the correct information.

**NAME OF AGENCY:** This should be the name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate. For example, "City of Tallahassee," "Leon County," or "Department of Transportation."

**OFFICE OR POSITION HELD OR SOUGHT:** Use the title of the office or position you hold, are seeking, or held during the disclosure period (in some cases you may not hold that position now, but you still would be required to file to disclose your interests during the last year you held that position). For example, "City Council Member," "County Administrator," "Purchasing Agent," or "Bureau Chief." If you are a candidate for office or are a new employee or appointee, check the appropriate box.

**MAILING ADDRESS:** If your home address appears on the form but you prefer another address be shown, mark through the address provided and insert your office or other current address. If you are an active or former officer or employee listed in Section 119.07(3)(i), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address if you submit a written request for confidentiality. Persons listed in Section 119.07(3)(i), F.S., are encouraged to provide an address other than their home address.

**DISCLOSURE PERIOD:** The tax year for most individuals is the calendar year (January 1 through December 31). If that is the case for you, then your financial interests should be reported for the calendar year 2004; just check the box and you do not need to add any information in this part of the form. However, if you file your IRS tax return based on a tax year that is not the calendar year, you should specify the dates of your tax year in this portion of the form and check the appropriate box. This is the time frame or "disclosure period" for your report.

**MANNER OF CALCULATING REPORTABLE INTERESTS:** As noted in this portion of the form, the Legislature has given filers the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Simply check the box that reflects the choice you have made. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

(CONTINUED on page 4) ➞



## PART A — PRIMARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)1 or (b)1, Fla. Stat.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received. The sources should be listed in descending order, with the largest source first. Please list in this part of the form the name, address, and principal business activity of each source of your income which (depending on whether you have chosen to report based on percentage thresholds or on dollar value thresholds) either:

exceeded five percent (5%) of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period, **or**

exceeded \$2,500.00 (of gross income received during the disclosure period by you in your own name or by any other person for your use or benefit).

You need not list your public salary resulting from public employment, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed. However, if you are reporting based on percentage thresholds and if there is joint income to you and your spouse from property held by the entireties (such as interest or dividends from a bank account or stocks held by the entireties), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the 5% threshold.

"Gross income" means the same as it does for income tax purposes, including all income from whatever source derived, such as compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than 5% of your gross income (salary, commissions, etc.) from the company (or, alternatively, \$2,500), then you should list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income (or, alternatively, \$2,500), then you should list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income (or, alternatively, \$2,500), then you should list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, you are required to list only each individual company from which you derived more than 5% of your gross income (or, alternatively, \$2,500), rather than aggregating all of your investment income.

— If more than 5% of your gross income (or, alternatively, \$2,500) was gain from the sale of property (not just the selling price), then you should list as a source of income the name of the purchaser, the purchaser's address, and the purchaser's principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as "sale of (name of company) stock," for example.

— If more than 5% of your gross income (or, alternatively, \$2,500) was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

## PART B — SECONDARY SOURCES OF INCOME

[Required by Sec. 112.3145(3)(a)2 or (b)2, Fla. Stat.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. You will **not** have anything to report **unless** :

(a) If you are reporting based on percentage thresholds:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period more than five percent (5%) of the total assets or capital stock of a business entity (a corporation, partnership, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**

(2) You received more than ten percent (10%) of your gross income during the disclosure period from that business entity; **and**

(3) You received more than \$1,500 in gross income from that business entity during the period.

(b) If you are reporting based on dollar value thresholds:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period more than five percent (5%) of the total assets or capital stock of a business entity (a corporation, partnership, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**

(2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded the appropriate thresholds listed above, then for that business entity you must list every source of income to the business entity which exceeded ten percent (10%) of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income (an amount that was more than \$1,500) (or, alternatively, more than \$5,000, if you are using dollar value thresholds). If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's address and principal business activity.

— You own an orange grove and sell all your oranges to one marketing cooperative. You should list the cooperative, its address, and its principal business activity if your income met the thresholds.


## PART C — REAL PROPERTY

[Required by Sec. 112.3145(3)(a)3 or (b)3, Fla. Stat.]

In this part, please list the location or description of all real property (land and buildings) in Florida in which you owned directly or indirectly at any time during the previous tax year in excess of five percent (5%) of the property's value. This threshold is the same, whether you are using percentage thresholds or dollar thresholds. You are not required to list your residences and vacation homes; nor are you required to state the value of the property on the form.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you are more than a 5% partner in a partnership or stockholder in a corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. Although a legal description of the property will do, such a lengthy description is not required. Using simpler descriptions, such as "duplex, 115 Terrace Avenue, Tallahassee" or 40 acres located at the intersection of Hwy. 60 and I-95, Lake County" is sufficient. In some cases, the property tax identification number of the property will help in identifying it: "120 acre ranch on Hwy. 902, Hendry County, Tax ID # 131-45863."

(CONTINUED on page 5) 

Examples:

— You own 1/3 of a partnership or small corporation that owns both a vacant lot and a 12% interest in an office building. You should disclose the lot, but are not required to disclose the office building (because your 1/3 of the 12% interest—which equals 4%—does not exceed the 5% threshold).

— If you are a beneficiary of a trust that owns real property and your interest depends on the duration of an individual's life, the value of your interest should be determined by applying the appropriate actuarial table to the value of the property itself, regardless of the actual yield of the property.

## PART D — INTANGIBLE PERSONAL PROPERTY

[Required by Sec. 112.3145(3)(a)3 or (b)3, Fla. Stat.]

Provide a general description of any intangible personal property that was worth more than:

(1) ten percent (10%) of your total assets at the end of the disclosure period (if you are using percentage thresholds), or

(2) \$10,000 (if you are using dollar value thresholds),

and state the business entity to which the property related. Intangible personal property includes such things as money, stocks, bonds, certificates of deposit, interests in partnerships, beneficial interests in a trust, promissory notes owed to you, accounts receivable by you, IRA's, and bank accounts. Such things as automobiles, houses, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity should be aggregated; for example, two certificates of deposit and a savings account with the same bank. Where property is owned by husband and wife as tenants by the entirety (which usually will be the case), the property should be valued at 100%.

Calculations: In order to decide whether the intangible property exceeds 10% of your total assets, you will need to total the value of all of your assets (including real property, intangible property, and tangible personal property such as automobiles, jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property—add only the fair market value of the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. Jointly owned property should be valued according to the percentage of your joint ownership, with the exception of property owned by husband and wife as tenants by the entirety, which should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form. If you are using dollar value thresholds, you do not need to make any of these calculations.

Examples for persons using comparative (percentage) thresholds:

— You own 50% of the stock of a small corporation that is worth \$100,000, according to generally accepted methods of valuing small businesses. The estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

— When you retired, your professional firm bought out your partnership interest by giving you a promissory note, the present value of which is \$100,000. You also have a certificate of deposit from a bank worth \$75,000 and an investment portfolio worth \$300,000, consisting of \$100,000 of IBM bonds and a variety of other investments worth between \$5,000 and \$50,000 each. The fair market value of your remaining assets (condominium, automobile, and other personal property) is \$225,000. Since your total assets are worth \$700,000, you must list each intangible worth more than \$70,000. Therefore, you would list "promissory note" and the name of your former partnership, "certificate of deposit" and the name of the bank, "bonds" and "IBM," but none of the rest of your investments.

## PART E — LIABILITIES

[Required by Sec. 112.3145(3)(a)4 or (b)4, Fla. Stat.]

In this part of the form, list the name and address of each private or governmental creditor to whom you were indebted at any time during the disclosure period in an amount which exceeded:

(1) your net worth (if you are using percentage thresholds), or

(2) \$10,000 (if you are using dollar value thresholds).

You are not required to list the amount of any indebtedness or your net worth. You do not have to disclose any of the following: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, contingent liabilities, and accrued income taxes on net unrealized appreciation (an accounting concept). A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and have signed as being jointly liable or jointly and severally liable, then this is not a contingent liability; if you are using the \$10,000 threshold and the total amount of the debt (not just the percentage of your liability) exceeds \$10,000, such debts should be reported.

Calculations for persons using comparative (percentage) thresholds: In order to decide whether the debt exceeds your net worth, you will need to total all of your liabilities (including promissory notes, mortgages, credit card debts, lines of credit, judgments against you, etc.). Subtract this amount from the value of all your assets as calculated above for Part D. This is your "net worth." You must list on the form each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations based upon your percentage of liability, with the following exception: joint and several liability with your spouse for a debt which relates to property owned by both of you as "tenants by the entirety" (usually the case) should be included in your calculations by valuing the asset at 100% of its value and the liability at 100% of the amount owed.

Examples for persons using comparative (percentage) thresholds:

— You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with your spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

— You and your 50% business partner have a \$100,000 business loan from a bank, for which you both are jointly and severally liable. The value of the business, taking into account the loan as a liability of the business, is \$50,000. Your other assets are worth \$25,000, and you owe \$5,000 on a credit card. Your total assets will be \$50,000 (half of a business worth \$50,000 plus \$25,000 of other assets). Your liabilities, for purposes of calculating your net worth, will be only \$5,000, because the full amount of the business loan already was included in valuing the business. Therefore, your net worth is \$45,000. Since your 50% share of the \$100,000 business loan exceeds this net worth figure, you must list the bank.

## PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by Sec. 112.3145(5), Fla. Stat.]

The types of businesses covered in this disclosure are **only**: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies (including insurance agencies); mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

(CONTINUED on page 6) ➞

You are required to disclose in this part of the form the fact that you owned during the disclosure period an interest in, or held any of certain positions with, particular types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than five percent (5%) of the total assets or capital stock of one of the types of business entities granted a privilege to operate in Florida that are listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the

disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list (vertically for each business): the name of the business, its address and principal business activity, and the position held with the business (if any). Also, if you own(ed) more than a 5% interest in the business, as described above, you must indicate that fact and describe the nature of your interest.

(End of Instructions.)

## PENALTIES

*A failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [Sec. 112.317, Florida Statutes]*

*Also, if the form is not filed by September 1st, a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. [Sec. 112.3145, Florida Statutes]*

## OTHER FORMS YOU MAY NEED TO FILE IN ORDER TO COMPLY WITH THE ETHICS LAWS

In addition to filing Form 1, you *may* be required to file one or more of the special purpose forms listed below, depending on your particular position, business activities, or interests. As it is your duty to obtain and file any of the special purpose forms which may be applicable to you, you should carefully read the brief description of each form to determine whether it applies.

**Form 1F — Final Statement of Financial Interests:** Required of *local officers, state officers, and specified state employees* within 60 days after leaving office or employment. This form is used to report financial interests between January 1st of the last year of office or employment and the last day of office or employment. [Sec. 112.3145(2)(b), Fla. Stat.]

**Form 1X — Amended Statement of Financial Interests:** To be used by *local officers, state officers, and specified state employees* to correct mistakes on previously filed Form 1's. [Sec. 112.3145(9), Fla. Stat.]

**Form 2 — Quarterly Client Disclosure:** Required of *local officers, state officers, and specified state employees* to disclose the names of clients represented for compensation by themselves or a partner or associate before agencies at the same level of government as they serve. The form should be filed by the end of the calendar quarter (March 31, June 30, Sept. 30, Dec. 31) following the calendar quarter in which a reportable representation was made. [Sec. 112.3145(4), Fla. Stat.]

**Form 3A — Statement of Interest in Competitive Bid for Public Business:** Required of public officers and public employees prior to or at the time of submission of a bid for public business which otherwise would violate Sec. 112.313(3) or 112.313(7), Fla. Stat. [Sec. 112.313(12)(b), Fla. Stat.]

**Form 4A — Disclosure of Business Transaction, Relationship, or Interest:** Required of public officers and employees to disclose certain business transactions, relationships, or interests which otherwise would violate Sec. 112.313(3) or 112.313(7), Fla. Stat. [Sec. 112.313(12) and (12)(e), Fla. Stat.]

**Form 8A — Memorandum of Voting Conflict for State Officers:** Required to be filed by a state officer within 15 days after having voted on a measure which inured to his or her special

private gain (or loss) or to the special gain (or loss) of a relative, business associate, or one by whom he or she is retained or employed. Each appointed state officer who seeks to influence the decision on such a measure prior to the meeting must file the form before undertaking that action. [Sec. 112.3143, Fla. Stat.]

**Form 8B — Memorandum of Voting Conflict for County, Municipal, and Other Local Public Officers:** Required to be filed (within 15 days of abstention) by each local officer who must abstain from voting on a measure which would inure to his or her special private gain (or loss) or the special gain (or loss) of a relative, business associate, or one by whom he or she is retained or employed. Each appointed local official who seeks to influence the decision on such a measure prior to the meeting must file the form before undertaking that action. [Sec. 112.3143, Fla. Stat.]

**Form 9 — Quarterly Gift Disclosure:** Required of *local officers, state officers, specified state employees, and state procurement employees* to report gifts over \$100 in value. The form should be filed by the end of the calendar quarter (March 31, June 30, September 30, or December 31) following the calendar quarter in which the gift was received. [Sec. 112.3148, Fla. Stat.]

**Form 10 — Annual Disclosure of Gifts from Governmental Entities and Direct Support Organizations and Honorarium Event Related Expenses:** Required of *local officers, state officers, specified state employees, and state procurement employees* to report gifts over \$100 in value received from certain agencies and direct support organizations; also to be utilized by these persons to report honorarium event-related expenses paid by certain persons and entities. The form should be filed by July 1 following the calendar year in which the gift or honorarium event-related expense was received. [Sec. 112.3148 and 112.3149, Fla. Stat.]

## AVAILABILITY OF FORMS; FOR MORE INFORMATION

Copies of these forms are available from the Supervisor of Elections in your county; from the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864); and at the Commission's web site: [www.ethics.state.fl.us](http://www.ethics.state.fl.us).

Questions about any of these forms or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

**OFFICE USE ONLY**

**CHECK APPROPRIATE BOX:**

Name of Candidate	1. Address (include post office box or street, city, state, zip code)
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I have appointed the following person to act as my ☐ Campaign Treasurer ☐ Deputy Treasurer

5. Mailing Address (If post office box or drawer add street address)	6. Telephone
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I have designated the following named bank as my ☐ Primary Depository ☐ Secondary Depository

13. City	14. County	15. State	16. Zip Code
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**X**

I, \_\_\_\_\_, do hereby accept the appointment as \_\_\_\_\_  
(Please Print or Type)

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_  
(Party)

County, Florida, I am qualified to accept this appointment.

**X**

DS-DE 9 (Rev. 08/03)

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, \_\_\_\_\_ ,

candidate for the office of \_\_\_\_\_ ;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**DECLARATION  
FOR CANDIDATES COVERED BY THE MANDATORY PROVISION OF THE  
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The mandatory practices of Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for the Miami-Dade County and Rescue Service District Board; candidates and their respective campaign staffs for Miami-Dade Community Councils and candidates and their respective campaign staffs for any elective municipal elective office in Miami-Dade County. Furthermore, any candidate for public office in Miami-Dade County as described in the preceding sentence may at any time declare that he or she agrees to abide by the Statement of Fair Campaign Practices.

I, \_\_\_\_\_, a candidate for the office of \_\_\_\_\_, agree to abide by the voluntary fair campaign practices as provided in Section 2-11.1.1(D)(1), of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the statement of fair campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

The Statement of Fair Campaign Practices is enumerated below:

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and position on issues of public concern.



8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

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Signature

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Date

PLEASE FILE A COPY OF THIS FORM WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics  
19 West Flagler Street  
Suite 220  
Miami, FL 33130

Miami-Dade Supervisor of Elections  
2700 N.W. 87th Avenue  
Doral, FL 33172

**DECLARATION  
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE  
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, \_\_\_\_\_, a candidate for the office of \_\_\_\_\_, agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and shall not:

- a) with actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule, or causes said person to be shunned or avoided, or injured in his or her business or occupation; or
- b) with actual malice publish or cause to be published by writing, printing, picture, effigy, sign or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to be shunned or avoided, or injured in his or her business or occupation; or
- c) willfully injure, deface or damage or cause to be injured, defaced or damaged by any means any campaign poster, sign, leaflet, handbill, literature or other campaign material of another candidate; or
- d) knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
- e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- f) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- g) knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.



Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

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Signature

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Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

I, \_\_\_\_\_, a candidate for the office of \_\_\_\_\_, agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

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Signature

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Date

PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics  
19 West Flagler Street  
Suite 220  
Miami, FL 33130

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2700 N.W. 87th Avenue  
Doral, FL 33172